

RENNES HEALTH CENTER-DE PERE  
200 S 9TH ST

DE PERE 54115 Phone:(920) 336-5680  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 102  
Total Licensed Bed Capacity (12/31/04): 102  
Number of Residents on 12/31/04: 100

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 98

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.0	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		46.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years		13.0	
Day Services	No	Mental Illness (Org./Psy)	27.0	65 - 74	4.0			-----	
Respite Care	No	Mental Illness (Other)	3.0	75 - 84	32.0			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	4.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	13.0		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	27.0	65 & Over	98.0	-----			
Transportation	No	Cerebrovascular	16.0		-----	RNs		11.3	
Referral Service	No	Diabetes	7.0	Gender	%	LPNs		7.3	
Other Services	Yes	Respiratory	1.0	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	2.0	Male	24.0	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	76.0	45.5			
Provide Day Programming for			100.0		-----	-----			
Developmentally Disabled	No				100.0	-----			

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	2.7	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Skilled Care	15	100.0	354	35	94.6	126	0	0.0	0	47	97.9	172	0	0.0	0	0	0.0	0	97	97.0
Intermediate	---	---	---	1	2.7	106	0	0.0	0	1	2.1	172	0	0.0	0	0	0.0	0	2	2.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		37	100.0		0	0.0		48	100.0		0	0.0		0	0.0		100	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	4.0	Bathing	0.0	76.0	24.0	100
Private Home/With Home Health	0.0	Dressing	4.0	90.0	6.0	100
Other Nursing Homes	3.2	Transferring	11.0	78.0	11.0	100
Acute Care Hospitals	90.3	Toilet Use	10.0	81.0	9.0	100
Psych. Hosp.-MR/DD Facilities	0.0	Eating	57.0	36.0	7.0	100
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.4	Continence		%	Special Treatments	%
Total Number of Admissions	124	Indwelling Or External Catheter	5.0		Receiving Respiratory Care	9.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	61.0		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	30.2	Occ/Freq. Incontinent of Bowel	35.0		Receiving Suctioning	0.0
Private Home/With Home Health	7.1				Receiving Ostomy Care	1.0
Other Nursing Homes	2.4	Mobility			Receiving Tube Feeding	1.0
Acute Care Hospitals	9.5	Physically Restrained	5.0		Receiving Mechanically Altered Diets	26.0
Psych. Hosp.-MR/DD Facilities	0.0				*****	
Rehabilitation Hospitals	0.8	Skin Care			Other Resident Characteristics	
Other Locations	18.3	With Pressure Sores	2.0		Have Advance Directives	96.0
Deaths	31.7	With Rashes	5.0		Medications	
Total Number of Discharges					Receiving Psychoactive Drugs	56.0
(Including Deaths)	126					

\*\*\*\*\*  
 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.1	88.5	1.09	90.2	1.06	90.5	1.06	88.8	1.08
Current Residents from In-County	96.0	80.0	1.20	82.9	1.16	82.4	1.16	77.4	1.24
Admissions from In-County, Still Residing	30.6	17.8	1.72	19.7	1.55	20.0	1.53	19.4	1.58
Admissions/Average Daily Census	126.5	184.7	0.68	169.5	0.75	156.2	0.81	146.5	0.86
Discharges/Average Daily Census	128.6	188.6	0.68	170.5	0.75	158.4	0.81	148.0	0.87
Discharges To Private Residence/Average Daily Census	48.0	86.2	0.56	77.4	0.62	72.4	0.66	66.9	0.72
Residents Receiving Skilled Care	98.0	95.3	1.03	95.4	1.03	94.7	1.04	89.9	1.09
Residents Aged 65 and Older	98.0	92.4	1.06	91.4	1.07	91.8	1.07	87.9	1.12
Title 19 (Medicaid) Funded Residents	37.0	62.9	0.59	62.5	0.59	62.7	0.59	66.1	0.56
Private Pay Funded Residents	48.0	20.3	2.37	21.7	2.21	23.3	2.06	20.6	2.33
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	30.0	31.7	0.95	36.8	0.82	37.3	0.80	33.6	0.89
General Medical Service Residents	2.0	21.2	0.09	19.6	0.10	20.4	0.10	21.1	0.09
Impaired ADL (Mean)	47.6	48.6	0.98	48.8	0.98	48.8	0.97	49.4	0.96
Psychological Problems	56.0	56.4	0.99	57.5	0.97	59.4	0.94	57.7	0.97
Nursing Care Required (Mean)	5.5	6.7	0.82	6.7	0.82	6.9	0.80	7.4	0.74